MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05522

5515

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Connie (Middle) Jean (Last) Bowles

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: June 15, 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Bowles

14. MOTHER'S MAIDEN NAME: Shirley Ann Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lewis Bowles, Pisgah, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

774X

Immediate cause (a) Respiratory failure — Interval between onset and death: 6 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity — 2 days.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1955, to 17 June 1955, that I last saw the deceased alive on 16 June, 1955, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. M. Johnson M.D. La Plata 17 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6-18-55

NAME OF CEMETERY OR CREMATORY Halks

LOCATION (City, town, or county) (State) Pocahontas Va

DATE REC'D BY LOCAL REG. 6/17/55

REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Herbert Funeral Home, LaPlata, Md. ADDRESS

2165193362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05523

5516

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Waldorf
LENGTH OF STAY (in this place) 30 yrs 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (First) Susie (Middle) (Last) Diggs (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22 1886

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hilltop, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Coleman

14. MOTHER'S MAIDEN NAME: Janie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Edith Stringer. Waldorf. Md. (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X

Immediate cause (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive Heart Disease — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Had Cerebral Hemorrhage 3 yrs ago.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 1955, to 6/1, 1955, that I last saw the deceased alive on 5/31, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ernest G. Dusanic M.D. ADDRESS Indian Head, Md. DATE SIGNED 6-1-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6-4-55 — NAME OF CEMETERY OR CREMATORY Mt. Hope Baptist — LOCATION (City, town, or county) (State) Nanjemoy, Md.

DATE REC'D BY LOCAL REG. 6-1-55 — REGISTRAR'S SIGNATURE Mary M. Sweetland

24. FUNERAL DIRECTOR Lawrence Montgomery — ADDRESS 913 Florida Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5517

CERTIFICATE OF DEATH

Reg. Dist. No. 05524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Poper Creek.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: md. COUNTY: Charles Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Poper Creek. md.
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Paul (Last) DRINKS

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: April 7 1879

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Drinks

14. MOTHER'S MAIDEN NAME: Anna C Bingler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-5611A

17. INFORMANT & ADDRESS: Lester Drinks. Poper Creek. md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion.	3 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO	(b) Coronary artery disease.	3 mo.
DUE TO	(c) Senile, arteriosclerosis.	4 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 45, to June, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 15 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF June 17 1955 NAME OF CEMETERY OR CREMATORY Christ Church Cemetery LOCATION (City, town, or county) (State) Wayside md.

DATE REC'D BY LOCAL REG. 6/16/55 REGISTRAR'S SIGNATURE Julia A Posey

24. FUNERAL DIRECTOR Arhart Funeral Home Inc ADDRESS Laplata md.

MARYLAND STATE DEPARTMENT OF HEALTH

05525

5518

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cob Island — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) L. (Last) Hess

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-15-93

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. D. C.

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: Gottlob Hess

14. MOTHER'S MAIDEN NAME: Frederika Werding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Theodore Hess

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6-16-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Laplata Md — DATE SIGNED: 6-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: June 18, 55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Swillland Md.

DATE REC'D BY LOCAL REG.: 6/17/55 — REGISTRAR'S SIGNATURE: Julia H Basey

24. FUNERAL DIRECTOR — ADDRESS: Eichart Funeral Home Laplata Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05526

5519

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN Indian Head LAPLATA

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4 H Indian Head X

STREET ADDRESS (If rural, give location) 4 Haines Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Marion		Howard	June 22, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	April 4 1907	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Powder Factory (Ret)	U.S. Govt	Kentucky	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Howard	Nancy B Stell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	400-01-4156	Ida Howard # 4 Haines St Indian Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
491X Immediate cause	(a) Pneumonia Broncho	Three Days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Bronchitis	Indefinite
DUE TO		
	(c) Chronic Emphysema	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-19-55, 19....., to 6-22-55, 19....., that I last saw the deceased alive on 6-22-55, 19....., and that death occurred at 12-22 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James E Anderson M.D. 6-22-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-25-55	Pisgah Methodist	Pisgah, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/23/55	Julia H Carey	Hoxtt + Ryon	Waldorf, Md

5520

MARYLAND STATE DEPARTMENT OF HEALTH

05527

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Services Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mont — COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — 15 X-2
STREET ADDRESS 4607 (If rural, give location) Stigh St. 1

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ANTHONY (Last) Nee → KVEDARAVICIUS KVEDAR — 4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1955

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married — 8. DATE OF BIRTH 4-7-14 — 9. AGE last birthday 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Services Station Owner — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Mass — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony F Kvedar — 14. MOTHER'S MAIDEN NAME Ela Ratkauskus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWII — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Helen Kvedar Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 420.1 Coronary Occlusion — 6-1-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardio-Vascular Renal Disease — ??
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell from row-boat - got dunk then — 6-1-55

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) MD — ADDRESS Lot Lusta Md — DATE SIGNED 6-2-55

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 6/4/55 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Prince Georges Md

DATE RECD BY LOCAL REG. 6/2/55 — REGISTRAR'S SIGNATURE Julia H. Posey — 24. FUNERAL DIRECTOR — ADDRESS Hunt & Ryon Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 105528

CERTIFICATE OF DEATH

5521

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laplata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ky. COUNTY Owen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS 55X-3 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MOORE

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 6-20-55

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours 1 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Dixie Yancey Moore

14. MOTHER'S MAIDEN NAME: Mildred Louise Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Dixie Moore, 18 E Adenton, Ky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
776X
Immediate cause (a) Prematurity 7 Days — INTERVAL BETWEEN ONSET AND DEATH 6-20-55
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Immaturity
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | **19b. MAJOR FINDINGS OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1955, to 6-20, 1955, that I last saw the deceased alive on 6-20, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE C. Rhodes MKL (DEGREE OR TITLE) ADDRESS Laplata Md DATE SIGNED 6-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF June 24 1955 | NAME OF CEMETERY OR CREMATORY Mt Rest Cemetery | LOCATION (City, town, or county) Laplata Md (State)

DATE REC'D BY LOCAL REG. 6/21/55 | REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Arehart Funeral Home Inc ADDRESS Laplata Md

206524/210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05529

5522

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Malcom X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) B (Last) MOORE

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 5, 1888

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bill Moore

14. MOTHER'S MAIDEN NAME: Nora Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eddie Swanfield, Malcom, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebral Vascular accident.	2 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Senile Arteriosclerosis	years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1955, to 21 June, 1955, that I last saw the deceased alive on 21 June, 1955, and that death occurred at 10:10 P.S.T. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Dr. Woodd. MD La Plata. Md. 22 June 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6-24-55 — NAME OF CEMETERY OR CREMATORY St Peters — LOCATION (City, town, or county) (State) Waldorf, Md

DATE REC'D BY LOCAL REG. 6/23/55 — REGISTRAR'S SIGNATURE Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS Hewitt & Ryon funeral home

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05530

5523

CERTIFICATE OF DEATH

Reg. Dist. No. 106

(see birth cert.)

1. PLACE OF DEATH: COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights
LENGTH OF STAY (in this place) 3 yrs. 13 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Cypress Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~WEST VIRGINIA~~ Maryland COUNTY ~~CABELL~~ Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Huntington~~ Indian Head
STREET ADDRESS (If rural, give location) ~~2922 Winters Road~~ 22 Cypres Place

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Robert (Last) NIELSEN
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: May 23, 1955
9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days 16 — If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~U.S. Navy~~
10b. KIND OF BUSINESS OR INDUSTRY: ~~U.S. Navy~~
11. BIRTHPLACE (State or foreign country): USNH, Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Einar NIELSEN
14. MOTHER'S MAIDEN NAME: Katherine Ann NASH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: J.S. LENZNER, Infirmary, NPF, Indian Head, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.3

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Meningitis (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D.O.A., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE: J.S. Lenzner
(Degree or title): U.S. LENZNER, LTJG MC USNR
ADDRESS: NPF Indian Head, Md.
DATE SIGNED: 9 June 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: June 11, 1955
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Huntington, W. Va.

DATE REC'D BY LOCAL REG. 6/9/55
REGISTRAR'S SIGNATURE: Odey Price
24. FUNERAL DIRECTOR: Steele Funeral Home
ADDRESS: Huntington, W. Va.

2055293416

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05531

5524

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf (rural)
LENGTH OF STAY (in this place) MARYLAND life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) OSCAR (Last) PROCTOR

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT: 10 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Tavern owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A. Proctor

14. MOTHER'S MAIDEN NAME: Mary Proctor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elizabeth Proctor, Waldorf, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of the bladder — Interval Between Onset And Death: ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: About Oct 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder, hydroureter, hydronephrosis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1954, to ....., 1955, that I last saw the deceased alive on June, 1955, and that death occurred at 7-17-55, from the causes and on the date stated above.

SIGNATURE (Degree or title) Saul B. Bender, M.D. ADDRESS 1150 Conn. Ave, N.W. Wash. 6, D.C. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-22-55

NAME OF CEMETERY OR CREMATORY St. Peters

LOCATION (City, town, or county) (State) Waldorf, Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-55

REGISTRAR'S SIGNATURE M. L. Monroe

24. FUNERAL DIRECTOR Huntt & Ryon Funeral Home ADDRESS Waldorf, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05532

5525

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X LA PLATA — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X

STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Linda Lee (Middle) (Last) SPALDING

4. DATE OF DEATH: (Month) JUNE (Day) 9 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE-U.S.	SINGLE	Aug 18 1948	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
CHILD	CHILD	Washington D.C.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Spalding	Irene Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	—	NONE	Charles Spalding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
510.1 Immediate cause	(a) STATUS THYMICO-LYMPHATICUS	10 MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) TONSILLO-ADENOIDECTOMY	10 HOURS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
JUNE 9, 1955	MARKED ENLARGEMENT OF ALL TONSILLAR TISSUE	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — — M.		

22. I hereby certify that I attended the deceased from JUNE 9, 1955, to JUNE 9, 1955, that I last saw the deceased alive on JUNE 9, 1955, and that death occurred at 1100 EST p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John N. Griffen M.D. HUGHESVILLE, MARYLAND 6/10/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 13 1955	Sacred Heart Soplata	Maryland Charles Co

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/11/55	Julia H Vasey	Archart Funeral Home Soplata Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05533

5526

CERTIFICATE OF DEATH

Reg. Dist. No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARBURY

LENGTH OF STAY (in this place): 13 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE VA. COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BLACKSBURG 08X 1

STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) F. (Last) WALL

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	WIDOWED	NOV. 13 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VA.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: PARIS WALL

14. MOTHER'S MAIDEN NAME: JOSEPHINE KEISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JOHN WALL INDIAN HEAD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia Org.	7
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteriolsclerotic Heart Disease	10 yrs
	(c) DUE TO	

1999

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Frank A Ryon M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	6-2-55		BLAKSBURG, VA.

DATE REC'D BY LOCAL REG. 6-1-55

REGISTRAR'S SIGNATURE Mrs. Mary Southerland

24. FUNERAL DIRECTOR HUNTT & RYON FUNERAL HOME, ADDRESS WALDORF, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05534

CERTIFICATE OF DEATH

5527

Reg. Dist. No. 100

Item 9, Film G183 6-27-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physician's Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Victoria
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) B. (Last) WESTON

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 23, 1872

9. AGE last birthday: 82 18/3 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Weston

14. MOTHER'S MAIDEN NAME: Emma M. Badger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 9

16. SOCIAL SECURITY NO.: 578-03-3429A

17. INFORMANT & ADDRESS: Foster Reeder, Mt. Victoria, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
1544
Immediate cause (a) Cancer of Rectum — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2-8-55

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-5-55, to 6-11, 1955, that I last saw the deceased alive on 6-11, 1955, and that death occurred at 4:45 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E. S. Edelen MD ADDRESS La Plata, Md. DATE SIGNED 6-12-55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF June 14, 1955 — NAME OF CEMETERY OR CREMATORY Christ Church Cemetery — LOCATION (City, town, or county) (State) Hayside, Md.

DATE REC'D BY LOCAL REG. 6/14/55 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR Arehart Funeral Home, Inc. — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

05535

5528

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phy Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural, give location) 832-N. Lugern

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Albert (Last) Willen
4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Sep.	April 17 1905	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Hotel	Va	

13. FATHER'S NAME Luther Willen
14. MOTHER'S MAIDEN NAME Lelia M Purcell.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
	220-05-2898	Lula M Purcell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 6-17-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Medlen (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 6-17-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21, 55	Henderson	Hyacinth Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/18/55	Julia D Wasey	Calvert Funeral Home	La Plata Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

5529

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05536

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Morgantown Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 03-52-2
STREET ADDRESS (If rural, give location) 69 Winters Lane

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Eugene (Last) Wright
4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955

5. SEX M | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH Nov 27, 1926 | 9. AGE last birthday 28 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Lancaster Pa | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown | 14. MOTHER'S MAIDEN NAME unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Carl Ryan

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18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9298
Immediate cause (a) Drowning — 6-22-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell from Potomac R. bridge while painting — 6-22-55

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Potomac River | (CITY OR TOWN) Potomac River Bridge | (COUNTY) Charles | (STATE) Md

TIME OF INJURY (Month) 6 (Day) 22 (Year) 55 (Hour) m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Fell from bridge as stated

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. Keller (Degree or title) MD ADDRESS La Plata Md — DATE SIGNED 6-26-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 29, 55 | NAME OF CEMETERY OR CREMATORY U.S. National | LOCATION (City, town, or county) Baltimore | (State) Md

DATE REC'D BY LOCAL REG. 6/27/55 | REGISTRAR'S SIGNATURE Julia H Coney | 24. FUNERAL DIRECTOR Richard Funeral Home Inc | ADDRESS La Plata Md.